

CLAIMS ONLY						Application Number 10803687	Filing Date				
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	
1	1					51					
2		1				52					
3			1			53					
4	1					54					
5		1				55					
6			1			56					
7		1				57					
8			1			58					
9	1					59					
10		1				60					
11			1			61					
12		1				62					
13			1			63					
14	1					64					
15		1				65					
16		1				66					
17		1				67					
18			1			68					
19		1				69					
20		1				70					
21						71					
22						72					
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39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
Total Indep	3					Total Indep					
Total Depend	17					Total Depend					
Total Claims	20					Total Claims					